Notice

The information requested below is for the purpose of conducting a local criminal background check that is a limited request to Hamilton County only. A statewide criminal records' check may be obtained by contacting the Indiana State Police (ISP) located at 100 N. Senate Avenue, Indianapolis, Indiana. The phone number to ISP is (317) 232-8260.

By completing this form, I am acknowledging that this is a limited request to Hamilton County only. I am authorizing the local criminal records check and the release from liability to all persons involved in the completion of this process. I am aware that this does not cover the possibilities of former or existing charges elsewhere.

Full Name:			
(Last Name)		(First Name)	(Middle Name)
Maiden Name:	Alia	ses:	
Street Address:		Apartmei	nt Number:
City:	State:		Zip Code:
Phone Number:	Email Add	ress:	
Full Social Security Number:		(In	clude all nine digits)
Date of Birth: Rac	e:	Sex:	(Male or Female)
Position Requested: Emergency Manag	gement Volunteer	Department: <u>Em</u>	ergency Management
		Date:	
Signature of Applicant			
		Date:	
Deputy Clerk's Signature			